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 ** CONTINUING DATA ***** *none AG*

 ** FOREIGN APPLICATIONS ***** *none AG*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 8	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>AG</i>				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

31424
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 24154 LAKESIDE DRIVE
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TITLE

Cable and apparatus Interface Security Device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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